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FILM

Dealing with Wild Things: Maurice and Max Turn Passive to Active

Noreen Honeycutt and Lauren Honeycutt
Bruce H. Sklarew, Film Column Editor

It's a parallel process. Layers of it, actually. Maurice Sendak died last year, so we are left to mourn the loss and deal with change. In Sendak's beloved book turned film, *Where the Wild Things Are*, 9-year-old Max's parents divorce, leaving him lost and developmentally struggling with unwanted changes around him and within him. This theme is also an echo of Sendak's early life where sickness left him helpless in a family haunted by memories of the Holocaust. Sendak and Max have rescue fantasies. Sendak and Max fear impermanence. Sendak and Max deal with these issues by turning passive to active. Sendak, through his "wild" characters, Max through his. Like looking in a mirror, looking in a mirror…and so on.

In the film, we are introduced to Max, the rascally, sensitive, imaginative, and lonely boy who is living with his recently divorced mother and older sister. While the marital dissolution and the brokenness of the family are not directly discussed, there is hardly a scene in the movie where some structure or relationship is not caving in, being destroyed, or broken, often at the hands of Max.

The movie starts as Max, armored in his wolf costume, chases and tackles the "beast" in his home—the little family dog. For a moment, he gets to be bigger, dominant. Feeling his power, Max ventures outside in the snow and transforms a snow pile into a separate igloo home (perhaps like his father's) with an opening just big enough for him.

Continued on page 30

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Lauren Honeycutt *earned a degree in English education in children's literature from Florida State University and a master of education from the University of Maryland. She taught English, drama, and creative writing. She is an educational specialist for Woofound, Inc.*

INSIDE TAP...

CONTENTS: Winter/Spring 2013

Correspondence and letters to the editor should be sent to TAP editor, Janis Chester, at jchestermd@comcast.net.

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Meeting the Challenge of Newtown

Bob Pyles

Bob Pyles

Like everyone else, I was stunned and horrified by the savagery of the massacre in Newtown, Connecticut. So many lives lost, so many families devastated. As a father and a grandfather, I could not stop imagining the horror I would feel if my own loved ones had been among the victims. The monstrous and terrifying fury of the attack and the pitiful helplessness of the victims compel most of us to think about our own safety, to yearn for a fuller measure of control over our destinies and the fates of our children and our children's children.

As the initial wave of horror washed over me, I felt certain that the young man who committed these atrocities was suffering from a severe mental illness, probably paranoid schizophrenia, very much like the gunmen in other massacres that have occurred in recent years. One only had to look at the pictures of the shooter of Gabby Giffords, the Batman/Aurora shooter, and this young man in Newtown to recognize the obvious madness written on their faces. I kept wondering, why are people like this allowed to live among us?

DEINSTITUTIONALIZATION: A CIVIL RIGHT?

I immediately recalled the deinstitutionalization programs of the '60s and '70s, state policies that closed one mental hospital after another in the name of progressive mental health, policies typically accompanied by additional "reforms" that gutted the mental health services that were supposed to support the social functioning of the mentally ill patients who were being discharged. In state after state, one saw more and more of the mentally ill walking the streets during the day and sleeping on sidewalk gratings, or doorways, or in subway cars and buses at night. It was a policy of wholesale neglect promoted under the banner of humanitarianism, community-based treatment, or civil rights. The deinstitutionalization policies of 40 years ago are still with us. And we are still paying the price.

As Joe Nocera stated in a *New York Times* op-ed piece on December 28, 2012, "The state and federal rules around mental illness are built upon a delusion, that the sickest among us should always be in control of their own treatment, and that deinstitutionalization is the more humane route." An unholy alliance had formed between well meaning, but naive reformers, budget conscious legislators, and insurance companies seeking to cap their costs. It is an alliance that seems to have held through all the intervening decades, despite the terrible toll it has taken.

Commitment laws have been gutted in the belief that severe mental illness is a political and social problem, rather than a health issue. It is almost impossible to commit anyone these days, and when a sick individual is committed, he or she is generally discharged within days. Moreover, commitment generally requires proof of "imminent danger," a criterion that would be difficult to demonstrate. With this high bar, would the Newtown shooter, the Gabby Giffords shooter, the Batman/Aurora shooter have been recognized as the menaces they were?

Sadly, the Department of Justice continues its campaign to weaken commitment laws. Commitment in a mental hospital, they argue, "segregates" the mentally ill person from the community and this, they hold, is bad for the patient and violates his or her civil rights. The premise is that everyone should be treated equally and treated within the community, regardless of their degree of pathology or danger.

ILLUSION OF SIMPLE SOLUTIONS

The president of the American Psychiatric Association, Dilip Jeste did not help the situation when he rather defensively pointed out that this kind of violence cannot be blamed on mental illness. He cited the statistic that only 4 percent of mentally ill people are thought to be potentially violent. However, he neglected to mention, and thereby missed a powerful opportunity to argue for increased funding and facilities for mental health treatment, that it is precisely this 4 percent who commit the violence.

Of course, I recognize that outrage at the destructive social policies of the last decades is psychologically useful in a moment of helplessness. It bolsters one's sense of security, one's belief that such horrors as the Newtown massacre are avoidable, that a more perfect world is within our reach if only we had the wisdom, courage, or determination to seize it. As the week wore on, I heard other rallying cries, equally certain, equally indignant, equally desperate: The basic problem is "obviously" guns. Guns should be restricted, assault style rifles should be banned, background checks should be more rigorous when guns are purchased.

Many promote these arguments with the same vigor and certainty with which I argue for better treatment of the mentally ill. And just as there are those who argue for community treatment and civil rights of the

Continued on page 6

Bob Pyles, M.D., *is president of the American Psychoanalytic Association.*

letters

EMBRACE CHANGE AND RETOOL FOR THE 21ST CENTURY

I am a third-year candidate at the Washington Center for Psychoanalysis and have been closely following the controversy around certification, and discussing this with senior colleagues as well as fellow candidates from around the country.

TAP welcomes letters to the editor. Letters must be less than 350 words long. Letters will be printed as space allows and at the discretion of the editorial board.

While the issues being debated are important, the vitriol and energy being put into this is dispiriting. It is like being in a family where the parents are arguing vehemently over where the children are to attend school next year, as the house burns down around us.

Sure, educational standards are important, but more important is attracting more practitioners and patients to psychoanalysis. Already clinical psychoanalysis is seen as a curiosity, an anachronism, among many of our therapist colleagues, let alone the lay public. Our membership is rapidly declining through natural attrition and our lack of ability to attract candidates.

We need to mourn the loss of what was, embrace change, and retool training and our organization for the 21st century. It's time to leapfrog over the same tired arguments if we are to remain at all relevant. There are too few of us to spend time rehashing the same tired rhetoric. We need to make our tent as big as possible, and work together to attract and train as many people as possible, or our collective wisdom will be lost in just one more generation. What a terrible loss that would be.

Thomas N. Franklin, M.D.
Associate Medical Director,
The Retreat at Sheppard Pratt,
Baltimore

APSAA elections

2013 National Meeting

Secretary-elect
Ralph E. Fishkin

SECRETARY-ELECT

Ralph E. Fishkin—534—Elected

Beth J. Seelig—479

COUNCILORS-AT-LARGE-ELECT

Norman A. Clemens—Elected

William C. Glover—Elected to complete one year of an unexpired term

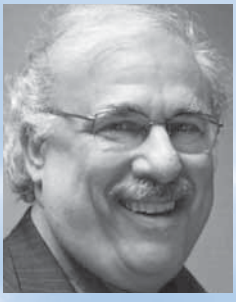
Jonathan House—Elected

Frederic J. Levine

Neal Spira—Elected to complete two years of an unexpired term

Councilor-at-large-elect
Norman A. Clemens

Councilor-at-large-elect
William C. Glover



Councilor-at-large-elect
Jonathan House

BYLAWS

With 35 percent of the members voting, the proposed bylaw amendment to allow for electronic voting compliant with New York Not-for-Profit Corporation Law was passed. A vote of two-thirds of those members present is required to effect a bylaw change.

Councilor-at-large-elect
Neal Spira

Report in Response to 2012 Executive Council Resolution

Colleen L. Carney and Lee I. Ascherman

We begin this article with excerpts from our Report to BOPS Fellows and the Executive Council at the January 2013 Meeting in response to the resolution Council passed in June 2012. We end with one of the four motions the fellows adopted after discussion of this report, which was brought to the Executive Council on January 17, 2013.

INTRODUCTION

The following is in response to the resolution passed by the Executive Council in June 2012. The resolution reads, "It will be the official policy of APsaA that the appointment of training analysts shall be based on objective and verifiable criteria and the Executive Council encourages BOPS to develop methodologies to implement this policy."

The resolution itself is an extraordinary and complex action which brings us to the culmination of years of acrimony regarding the role of the Board on Professional Standards in APsaA. Therefore, the response to this action as well as to subsequent actions taken by the president and the proposed actions (i.e., Fishkin and Jaffe Motions), which are on the Council agenda at this meeting require a careful and thorough review and one which has as its primary focus the integrity of this Association, the stability of our psychoanalytic institutes, continuity and reassurance for our candidates in training, and the best interest of our profession and the public which we serve. Insofar as the resolution was passed at the June 2012 meeting, after the June meeting of BOPS and a request for a special meeting of BOPS Fellows in October was denied, we called a special two-day congress of the fellows to be held on January 15 and 16 of this week. At the congress we planned to ask the fellows to discuss all aspects of Council's June resolution, its meaning for the organization, the potential impact on their psychoanalytic institutes, and, especially, the meaning for the role of the Board on Professional Standards. The BOPS response will include five parts:

1. The Significance of the Resolution for APsaA
2. The Content of the Policy Adopted by APsaA in June
3. BOPS's Advisory Opinion to Executive Council
4. Proposal to Resolve Long Standing Internal Conflicts
5. Appendices

1. THE SIGNIFICANCE OF THE RESOLUTION FOR APsaA

The APsaA which we all knew before June 2012 no longer exists. The resolution itself and the president's subsequent appointment of a task force to implement it, has altered the fundamental organizational structure of APsaA. The president's task force represents a second but shadow standard-setting body which is operating parallel to the Committee on Institutes (COI), a committee of BOPS. This redundancy of this standard-setting function and the confusion which it threatens to introduce into our training programs highlights the most immediate question which this organization should address and resolve: Which APsaA body has the authority to set the standards for training and education?

APsaA has known for at least 10 years that its bylaws were not in compliance with the New York Non-Profit Corporate Statute which prohibits any committee of the corporation, such as BOPS, to operate outside of the oversight of its board of directors. This statute governing not-for-profit corporations in New York State was adopted in 2003. BOPS is neither ignoring nor disputing that statute. However, APsaA's organizational structure and its bylaws preceded the adoption of this statute by 50 years and this makes the matter more complex. *APsaA's legal counsel has consistently advised that the remedy is to reorganize and to amend the bylaws; it has never advised APsaA to ignore its own bylaws.* Moreover, we have been advised by an independent counsel, APsaA's counsel, as well as an attorney in the New York State Attorney General's Office that given the very specific language in our bylaws which gives to BOPS the sole authority to establish training and professional standards that, if such a bylaw provision was challenged, as it now has been, that it is unclear which body would be found to have the ultimate authority over these functions. We have been further advised that this issue could only be decided in a court of law.

It is our sincere hope that the Council and BOPS will work together to resolve this question internally and avoid a lengthy, expensive, and contentious legal process. That being said, we believe that the question of authority over these standard-setting functions is the first priority for this organization to address and resolve in order to assuage internal chaos, potential schisms, and confusion in our training programs. The recent findings of the BOPS appointed Reference Committee to study the compatibility of the Pyles Perlman Procci (PPP) proposal with our organizational and educational documents demonstrate the degree to which a single proposal, no matter how well intentioned and popular with some of the membership, can introduce irreconcilable contradictions into our educational system. This is both unnecessary and could result in irreparable damage. To this end, we ask that Council refrain from any further challenges to the BOPS standard-setting authority as outlined in our bylaws and work with us to resolve this matter internally.

3. BOPS'S ADVISORY OPINION TO COUNCIL AND PROPOSAL FOR A RESOLUTION

The Board on Professional Standards recommends that Council set as its highest priority the resolution of the internal conflicts in our governance structure and particularly the question of authority over educational, training, and professional standard-setting functions.

Continued on page 19

Colleen L. Carney, Ph.D., *is chair of the Board on Professional Standards, and* Lee I. Ascherman, M.D., *is secretary.*

Meeting the Challenge

Continued from page 3

mentally ill, others oppose gun control, citing their own civil rights and the importance of the Second Amendment and other legal protections in the Bill of Rights.

I am sure that there are many other points of view: social explanations that attribute causal importance to the social and cultural dislocations of modernity, the social isolation of families in distress, and disintegration of traditional communities and the traditional remedies of communal life. In the days that have passed since the initial shock of the Newtown massacre, I have been reading, contemplating the nature of such episodes, and reflecting; reflecting on the dubious certitude with which I clung to my initial convictions. Simplistic or single-factor explanations provide an illusion of control, an illusion which promotes emotional coping, to be sure, but which does nothing to help us deal with the horrifying realities of explosive, murderous rage.

Reality is more complicated than any absolute explanations we formulate to explain it and will not yield to the simple social remedies put forth by reformers, legislators, pundits, or by anyone with a single "fix" for this phenomenon. We need to grapple with some challenging facts: Mass homicidal behavior of the kind we witnessed in Newtown is often committed by individuals with no prior history of criminal conduct. Some have been in treatment before they commit their crimes. Some may be in treatment or be on medication at the time they commit their crimes. They are not all disadvantaged or socially marginalized people. Adam Lanza, the Newtown shooter, lived in a well-to-do neighborhood and could have found and afforded excellent treatment—if he wanted to get help.

We need to do more than to identify the "one true" cause, lobby for the one best remedy, or attribute causal responsibility to a host of social or psychological factors. We need to understand this phenomenon and we need to understand the individuals who commit such crimes. We need to know how to recognize these very sick individuals and we need to know how to treat them.

UNDERSTANDING AGGRESSION AND RAGE

I am convinced that we, the community of psychoanalysts, can make a contribution of significant value to this effort. As analysts, we are accustomed to understanding mental life and its pathological vicissitudes at a focal depth that is unique among the sciences.

Simplistic or single-factor explanations provide an illusion of control, an illusion which promotes emotional coping, to be sure, but which does nothing to help us deal with the horrifying realities of explosive, murderous rage.

We have been studying vexing questions of aggression, hostility, hate, and violence for many decades. In a recent article published in the *Bulletin of the Menninger Clinic* (volume 71, number 2, Spring 2007), Walter Menninger describes the valuable contributions that psychoanalysts have already made to our understanding of violent behavior. Here is the synopsis of his article, "Uncontained Rage: A Psychoanalytic Perspective on Violence":

> Explosions of violent behavior have periodically riveted public attention. While such behavior may be associated with a major psychiatric illness, there is a continuing challenge to understand the emotional underpinnings of such behavior, the sources of aggression, hostility, anger, hate, rage, and violence. Analysts from Freud to Karl Menninger to Kernberg to Kohut have speculated as to the confluence of psychological and real forces that prompt violent outbursts. Other analysts have explored the manifestation of aggression and rage in infancy and childhood (Henri Parens). Critical elements prompting such behavior include (1) an individual perceives a narcissistic injury that is experienced as being profoundly unfair, (2) the individual has no hope for achieving a reasonable resolution of the injury, (3) the individual reaches a decision that the injury cannot be tolerated further and must be responded to with action, (4) the individual has access to weapons to enhance the capacity and urgency to respond, and (5) the individual feels a sufficient sense of potency and/or disregard of the consequences to initiate violence.

Thus far, we (the American Psychoanalytic Association) have made a series of recommendations to Secretary of Health and Human Services Kathleen Sebelius and are continuing to work closely with her office. You can read a summary of our specific recommendations on page 7. These include a strong argument for strengthening commitment laws and increasing the funding for the treatment of the mentally ill. These positions have been put forward on our behalf by APsaA's attorney and Capitol Hill advocate, James C. Pyles.

This is a good start, but it is only a start. We must now bring together the understanding we currently have, while pressing ahead with a concerted effort to gain the knowledge that still eludes us. I have no illusions about the scope of our expertise. I do not think that psychoanalysts will master this problem alone, working independently, without the collaborative efforts of those in allied disciplines who likewise devote themselves to this challenge. Nor am I confident that other disciplines, even a consortium of other disciplines, can master the complexities of explosive mass homicide without our unique understanding of depth psychology. Mass murder of this kind originates in a mental process that is not evident on the surface,

Continued on page 7

in a part of the mind that is unfamiliar to experts in other disciplines.

If our nation is to master the challenge of mass homicide, we will need the coordinated efforts of a national coalition of psychologists, psychiatrists, social researchers, and psychoanalysts. Our national leaders need to create such a coalition of collaborating professions and disciplines, and we must be part of it. We can, and must, work with our colleagues in neighboring professions and professional societies to promote such collaboration and advance its work.

APPLYING OUR KNOWLEDGE

For now, we in APsaA must think about how we can best contribute to this effort. We must develop the working parties to examine and research the causes and dynamics of these problems. We must do it soon, for episodes like the massacre in Newtown are occurring at an escalating rate. And we must use our current knowledge, as well as the understanding we acquire through our collective research efforts, to advise our leaders on matters of public policy.

Nearly 100 years ago, Freud recognized that the primary contribution of psychoanalysis would never be the case-by-case treatment of patients, because the impact of our clinical practice is far too small in relation to the wider population of persons suffering from psychological disorders. In his 1918 address to the Fifth Psychoanalytical Congress in Budapest, Freud called on his followers to develop new methods to provide psychoanalytic help to "the masses." Today, we recognize the wisdom of Freud's 1918 call for "mass psychotherapy." But we are also called by today's circumstance to go beyond Freud's vision. Today, we are driven by our common sense of horror and, at the same time, inspired by our social responsibility as professionals to extend our historic mission.

Today we recognize that the most important challenge for psychoanalysis, indeed perhaps the most critical contribution we can make to the world in which we live, is to develop our expertise in areas of social need, and to convey that expertise to those who fashion the public policies by which we live or die.

APsaA Recommendations to Save Lives

Five concrete steps APsaA recommends to reduce the likelihood of mass murder and suicides:

1 Provide a uniform national standard that permits involuntary civil commitments of those viewed as posing a risk of violence to themselves or others for up to three weeks if certified as necessary by a licensed mental health professional, without a showing of "imminent" harm. Require a psychodynamic evaluation that focuses "upon the individual's capacity for empathy, appreciation of consequences, insight, impulse control, conscience development, and situational triggers that provoke violence as well as personality factors that can help inform a court's decision making"—factors psychiatrist Robert I. Simon cited in his *University of Cincinnati Law Review article,* "The Myth of Imminent Violence" (Feb. 2007). Also, provide immunity from civil suit to any licensed mental health practitioner who exercises good faith and professional judgment in recommending involuntary commitment.

2 Require health insurance plans participating in health insurance exchanges, and plans operating within the individual and small group markets outside of exchanges, to cover mental health treatment, including treatment in an inpatient facility, of patients determined by licensed mental health professionals to be at risk for violence. This should be part of the "essential health benefits (EHB) package" under the Affordable Care Act (ACA) and included in the term "mental health and substance use disorder services, including behavioral health treatment." Any coverage limitations for mental health, substance use disorder services, and behavioral health treatment should be based upon the individual's medical need and set in consultation with mental health specialists. As required by the ACA, coverage for mental health and substance use disorder services, including behavioral health treatment, must comply with the Mental Health Parity and Addiction Equity Act. The Department of Health and Human Services (HHS) should detail how this law applies to EHB coverage in its final regulation on essential health benefits.

3 Require anyone who seeks to purchase an assault style semi-automatic rifle to present to the seller an evaluation from a licensed mental health professional attesting that he or she is not a risk for violent behavior. Protocols for assessing persons for violence and a system for "the classification of violence risk (COVR)" are among the documents APsaA submitted. Prohibit the private sale of all guns. Offer a "buy back" plan for those currently owning assault-style rifles. (See "Viewpoints: Mass Shooting in Australia Provides Gun Control Lesson, *The Sacramento Bee,* Dec. 18, 2012).

4 Ensure that privacy protections for mental health care are preserved so that those who need those services will not be deterred from seeking them. More than two million Americans each year avoid seeking needed mental health treatment due to privacy concerns, according to HHS findings (65 Fed. Reg. at 82779 [Dec. 28, 2000]).

5 Congress should appropriate additional funding to HHS for research of behavioral issues that result in violence, and include as part of that research the combined use of inpatient, outpatient, and prescription drug treatment with lesser-known variables, such as creative arts therapy and recreational therapy, for the purposes of addressing violent behavior.

Award Winners from the 2012 National Meeting January 2013

Candidates' Council Scientific Paper Prize
Alison C. Phillips, M.D., "A Path to 'No'"
Semi-finalist: ***A. Chris Heath, M.D.***, "On the Therapeutic Action of Placebo"

Children and Family Community Service Award
The Infant Parent Training Institute and its clinical partner, the Early Connections Program of the Center for Early Relationship Support at the Jewish Family and Children's Service of Greater Boston

Corst Essay Prize in Psychoanalysis and Culture
The Committee on Research and Special Training (CORST) presented the award to ***Adele Tutter, M.D., Ph.D.***, for her essay "Notes on art, loss, and nationalism under political oppression: The photography of Josef Sudek—angel with a missing wing."

Distinguished Service Awards
Betsy Auchincloss, M.D., and ***Eslee Samberg, M.D.***, for their role as co-editors-in-chief of APsaA's *4th Edition of Psychoanalytic Terms & Concepts*.

Sheila Hafter Gray, M.D., for her service as the Association's Parliamentarian for the past six years.

Educational Achievement Award
Elizabeth Cutter Evert, L.C.S.W., and ***Carla Bauer Rentrop, Ph.D.***, for the Institute for Psychoanalytic Training and Research (IPTAR) On-Site School Program and for their work with Central Park East II School, Girls' Preparatory Charter School, George Jackson Academy, De La Salle Academy, and the Satellite Academy High School all of New York City

Award for Excellence in Journalism
Mark Massé for a chapter titled "Transformer" published in *Trauma Journalism: On Deadline in Harm's Way* (2011).

Honorary Membership
Frank Yeomans, M.D., Ph.D.

***JAPA* Prize**
Jeanine M. Vivona, Ph.D., for her paper "Is There a Period of Nonverbal Development?" published in *JAPA* 60:2

***JAPA* New Author Prize**
Diane Donnelly, Ph.D., for her paper "The Function of Suffering as Portrayed in *The Scarlet Letter* and Reflected in Clinical Work" published in *JAPA* 60/6.

Helen Meyers Traveling Psychoanalytic Scholar Award
Phyllis Tyson, Ph.D.

Poster Session Award
Shilpa Sachdeva, M.D., Gregory Goldmann, Ph.D., Georgian Mustata, M.D., and ***Robert Gregory, M.D.***, for their poster "Naturalistic Outcomes of Evidence-Based Therapies for Borderline Personality Disorder at a University Clinic: A Quasi-Randomized Trial"

Poster Session Travel Award—Supported by the Robert J. Stoller Foundation
Serge Lecours, Ph.D., Frédérick Philippe, Ph.D., Stéphanie Arseneault, Psy.D. candidate, ***Marie-Ève Boucher, Ph.D.*** candidate, and ***Lola Ahoundova, B.Sc.*** candidate, for their poster "Alexithymia, cognitive complexity, and defensive avoidance of emotion in a situation of experimentally induced sadness"

Ralph E. Roughton Paper Prize
Bertram J. Cohler, Ph.D., and ***Robert M. Galatzer-Levy, M.D.***, for their paper "The Historical Moment in the Analysis of Gay Men"

Edith Sabshin Teaching Awards
John J. Benjamin Davidman, M.D.—Association for Psychoanalytic Medicine (NY) and Columbia University
Ruth S. Fischer, M.D.—Psychoanalytic Center of Philadelphia
Mario Fischetti, Ph.D.—Pittsburgh Psychoanalytic Center
Lynne Harkless, Ph.D.—Florida Psychoanalytic Institute
Leon Hoffman, M.D.—New York Psychoanalytic Institute
Noreen Honeycutt, Ph.D.—Baltimore Washington Center for Psychoanalysis
Jacob D. Lindy, M.D.—Cincinnati Psychoanalytic Institute Center for Psychoanalytic Training and Research
Donald R. Ross, M.D.—Washington Center for Psychoanalysis
Ronnie M. Shaw, MS, RN, CS APRN, BC—Denver Institute for Psychoanalysis, University of Colorado Medical School

Scientific Paper Prize
Per Høglend and ***Anne Grete Hersoug, Kjell-Petter Bøgwald, Svein Amlo, Alice Marble, Øystein Sørbye, Jan Ivar Røssberg, Randi Ulberg, Glen O. Gabbard, Paul Crits-Christoph***—"Effects of Transference Work in the Context of Therapeutic Alliance and Quality of Object Relations" *Journal of Consulting and Clinical Psychology* (2011) Vol. 79, No. 5, 697–706

2012 Courage to Dream Book Prize
Mary Bergstein, Ph.D., for her book *Mirrors of Memory: Freud, Photography, and the History of Art* (Cornell, 2010)

2013 Courage to Dream Book Prize
Lois Oppenheim, Ph.D., for her book *Imagination from Fantasy to Delusion* (Routledge, 2012)

2013 National Meeting

Photos by Geralyn Lederman, Mali Mann, Mervin Stewart, and Graham Spruiell

Sheila Hafter Gray and Bob Pyles

Mary Bergstein and Peter Rudnytsky

Mark Massé and Will Braun

Lois Oppenheim and Peter Rudnytsky

2013 National Meeting

Photos by Geralyn Lederman, Mali Mann, Mervin Stewart, and Graham Spruiell

Eslee Samberg, Betsy Auchincloss, and Bob Pyles

Jane Walvoord

Hilli Dagony-Clark

Ethan Grumbach Meets the Press

BOPS Meeting

Photos by Geralyn Lederman, Mali Mann, Mervin Stewart, and Graham Spruiell

Grateful Acceptance of Honorary Membership

Frank Yeomans

First, I'd like to thank you, Dr. Pyles, and the Association for this honor and opportunity.

Psychoanalytic theory and practice are unequalled in their capacity to help individuals overcome certain types of psychopathology and to enrich their lives.

Unfortunately, as we all know, the centrality of psychoanalysis in the overall field of mental health has been threatened by both reimbursement forces and treatment models that do not offer the depth and humanity of the analytic approach.

Harold Kudler, Bob Pyles, and Frank Yeomans

I will continue to do all I can to join others in trying to maintain the central role of psychoanalytic thought in psychiatry, psychology, and throughout mental health.

The efforts of the group I work with, the Personality Disorders Institute at Weill Cornell Medical College, have included elements that I am aware remain somewhat controversial in the American, such as empirical research.

With regard to that, I'd like to tell you an anecdote. Last year Otto Kernberg and I were asked to teach at the Mexican Psychiatric Institute, the Mexican equivalent of our NIMH. We began an intensive training in transference-focused psychotherapy (TFP) for a group of 20 psychiatrists there. When they are fully trained, the group plans to practice TFP and carry out research on it. We were told that this was the first time in 50 years that anything psychoanalytic had taken place at that institute—and that it was possible because of the research base. Mexico is just one of many places we have been teaching in our effort to extend interest in psychoanalytic psychotherapy. The initial invitation is often related to the evidence-based status of the therapy.

While I offer this anecdote as an example of the importance of research, I am fully aware that the continued growth of psychoanalysis involves integrating the multiple strands of the analytic fabric. My first serious contact with the analytic world was made possible by Mark Kanzer—who many of you may remember—who had the wisdom to establish a fellowship at Yale to encourage work linking psychoanalysis and the humanities. I am also grateful to Stanley Leavy from the Western New England Institute, my first mentor in the analytic world.

I have been blessed with a number of exceptional mentors.

I would like to thank Erik Gann, my analyst, from whom I may have learned the most about analysis.

His contributions to my learning can only be matched by those of Otto Kernberg, with whom I have had the good fortune to work for almost 30 years. Otto's generosity can only be matched by his creativity—and perhaps his energy.

I would also like to thank and remember the following supervisors and mentors: Paulina Kernberg, Richard Munich, Ann Appelbaum, Herb Schlesinger, Robert Michels, and Arnold Cooper.

Another very important person has been Jack Barchas, the chair of psychiatry at Weill Cornell, who has vigorously encouraged and supported our analytic projects.

Finally, I would like to thank Eric Marcus for welcoming me into the Columbia psychoanalytic community and to Eve Caligor, with whom I have the very great pleasure of teaching our TFP program at Columbia.

I am convinced that if the analytic world can continue to offer younger generations the inspiring teaching that these mentors and colleagues gave to me, then the psychoanalytic endeavor will continue to thrive.

Highlights of the Executive Council Meeting

The Executive Council deliberated and approved two governance related issues, two position statements, and organizational issues affecting APsaA both internally and externally at its recent January meeting in New York. The Executive Council also voted to welcome three new Honorary Members.

The APsaA auditors were authorized to complete the fiscal year 2012 audit. Also, based on the recommendation and endorsement of BOPS, the Executive Council voted to put before the membership a bylaw amendment that would permit each local institute the option to choose one of its two BOPS Fellows from the faculty, without the requirement of being certified or a training analyst.

Honorary Members

The Executive Council voted to approve the following individuals as Honorary Members: Mary Main, Robert Stolorow, and Estela Welldon.

New Position Statements Approved

The following organizational position statements were approved:

A revision of a position statement from the Committee on Gender and Sexuality on Civil Marriage and Civil Rights was approved. This position statement replaced APsaA's current Position Statement on Gay Marriage. The Executive Council also approved a position statement from the Social Issues Department on firearms violence.

New Expanded Membership Pathway Continues

As at the previous two Executive Council meetings, there was a historic moment when the Executive Council approved five new APsaA members who were joining the Association through the Alternative Pathway membership process. The membership had approved this change in the bylaws in June 2010 and these were the third set of applications from analysts who were not trained at either an APsaA institute or an IPA institute. In addition, the Executive Council approved revised policies and procedures from the Membership Requirements and Review Committee that would simplify the membership application process of graduates of the William Alanson White Institute.

The Executive Council also continued its consideration of a policy it passed in June 2012 whereby the appointment of training analysts would be based on objective and verifiable criteria. In what was clearly the most heated portion of the Council meeting, proponents on both sides of the issue intensely argued as to whether a proposed Temporary List of Objective and Verifiable Requirements to Obtain Designation as a Training Analyst should be adopted. After a very close vote, the following motion was approved:

> The following Temporary List of Objective and Verifiable Requirements to Obtain Designation as a Training Analyst is adopted. This list will serve both as a guide and as the temporary implementation mechanism for the current APsaA policy, adopted by the Executive Council in June 2012, and will be in effect only until such time as BOPS establishes permanent workable implementation criteria.
>
> Resolved: The president shall appoint an Ad Hoc Committee of the Corporation of APsaA members he deems qualified to process applications for training analyst appointment and to determine whether applicants for training analyst appointment meet the objective and verifiable criteria adopted by the Executive Council. The committee shall present the names of applicants meeting the criteria to the Council. TA appointments shall be made by the Council only until the Board on Professional Standards assumes responsibility for administering the new criteria.
>
> The list includes:
>
> A. The analyst is a member of APsaA.
> B. The analyst has graduated from an APsaA or IPA training institute or substantially equivalent training.
> C. The analyst has had at least five years of unsupervised postgraduate psychoanalytic experience, subject to the following conditions:
> 1. Postgraduate psychoanalytic experience includes the treatment of at least four non-psychotic psychoanalytic cases, each for a minimum of three years.

Continued on page 13

2013 National Meeting

Photos by Geralyn Lederman, Mali Mann, Mervin Stewart, and Graham Spruiell

Presidential Reception

Warren Procci, Bob Pyles, and Harvey Rich

Warren Procci's Plenary Address

2. At least one these four cases has been carried through to termination.
3. At least two of the four cases were initiated after graduation.
4. Until five years from January 17, 2013, or until BOPS adopts permanent standards approved by the Council, whichever occurs first, any applicant who qualifies for appointment under the objective numerical experience standards of the existing system shall also be considered to meet these interim experience requirements.

D. The analyst has completed the following postgraduate seminars:
1. Completion of a one-semester seminar in clinical practice addressing the ethical issues and technical complications arising in the analysis of candidates.
2. Participation in one or more continuous case seminars or study groups on clinical analytic process for a minimum total of two years.

E. The analyst is in good ethical standing.

F. The analyst holds the credential of certification, as required by the APsaA Bylaws.

G. All members who are currently designated as training analysts will be automatically included in the national list of training analysts.

H. A Temporary TA Requirements and Review Committee (TTARRC) will be established to process applications for national TA appointment until BOPS adopts and Council approves permanent objective and verifiable requirements for TA appointment.

And finally, the Executive Council narrowly approved a motion that Council establish a two-day congress for all members of the Executive Council and BOPS to discuss training standards and their impact on the future of the practice of psychoanalysis.

FIFTH ANNUAL Psychoanalytic Art Show

Jon Meyer

The Fifth Annual Art Show of the American Psychoanalytic Association was held at the 2013 National Meeting on Friday, January 18. The works of 23 artists drawn from the members, Affiliates, and Associates of APsaA as well as IPA members received its usual warm reception.

The formal title of the show was "The Artistry of Psychoanalysis: The Psychoanalyst as Photographer and Artist," emphasizing the way in which psychoanalysis stimulates and encourages the arts. The show's point of view is that psychoanalysis is a creative endeavor for both psychoanalyst and patient and that being involved in, or close to, that creative endeavor stimulates creativity in other forms. I include being "involved in or close to" because while all the participants are informed about psychoanalysis, some of the artists who made major contributions are non-analyst Associates of APsaA.

To emphasize the theme of creativity in psychoanalysis and derived from it, I ran a continuous loop Power Point presentation using personal examples to speak directly to what it means to have a life in psychoanalysis and to invest in the creativity that comes from it.

New artists who embraced that creativity this year included the photographers Richard Honig, Norman Clemens, Richard Michael, and Sheldon Goodman; and painters Ellen Kolansky, Linda Paglierani, and Cheryl Seaman. Allen Palmer brought a text and photographic documentation of the Boston Psychoanalytic's previous, long-term, and fondly remembered institute building.

Jon Meyer, M.D., *is professor of psychiatry and psychoanalysis, emeritus, Medical College of Wisconsin; clinical professor of psychiatry, University of Maryland and Georgetown University Schools of Medicine; past Erik Erikson Scholar-in-Residence, Austen Riggs Center; past president, American Psychoanalytic Association.*

Among those who regularly exhibit at the show were Raymond Raskin with his Southwestern jewelry and Moisy Shopper with his woodworking. Works from photographers who are regular exhibitors were Bruce Sklarew's abstractions, the portraits of analysts and psychotherapists by Sebastian Zimmerman, William Kenner's action shots of riding to the hounds, Paul Mosher's landscapes from New Zealand, Arnold and Arlene Richards's views of China, Robert Welker's elements series (earth, wind, water, and fire), Robert White's studies of his local landscape, Lauri Robertson's always delicate Nantucket landscapes, Valerie Laabs-Siemon's travel landscapes, especially of Venice, and my studies of the Italian Lake District and the American Southwest.

Painters who frequently contribute were Graciela Abelin-Sas, who, in addition to a photograph of Patagonia, showed two paintings of her retreat in the Berkshires and Mali Mann, who showed two abstract paintings and one portrait of a little boy digging in the sand at the beach.

For those who would like to see the show again or for the first time, the coverage in *TAP* may be supplemented by color views of the show and some artists' works at the following link: http://www.flickr.com/photos/jonmeyerphotography/.

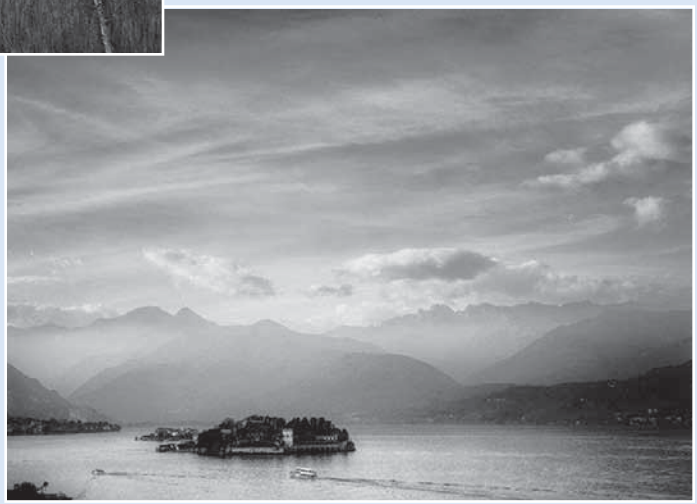
The show is so successful and appreciated because it is a place where we can demonstrate what we love and enjoy in addition to, or as an outgrowth of, the creativity in our professional work.

The Psychoanalyst As Artist

William Kenner
"Hounds over a Coup"

Mali Mann
"Little Boy Digging in Sand"

Robert White
"Lost Lake"

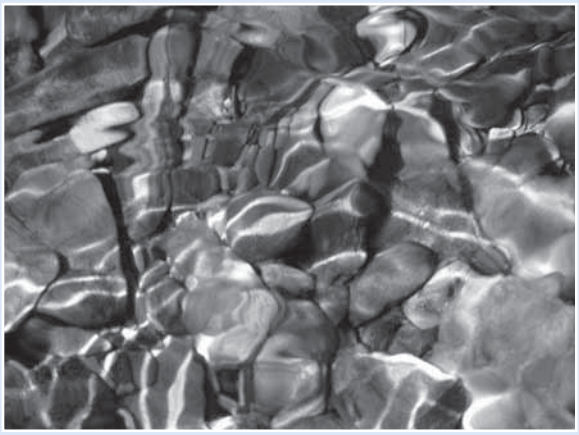


Jon Meyer
"Isola Bella in the Afternoon"

Arlene Richards
"Doorway"

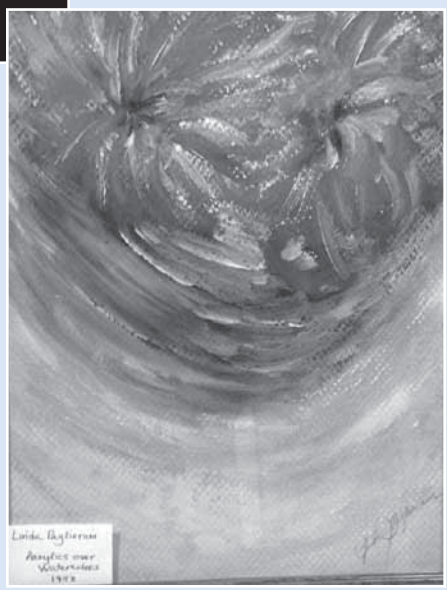
The Psychoanalyst As Artist

Norman Clemens
"Sails"



Robert Welker
"Water"

Sebastian Zimmerman
"Marsha Rosenberg"



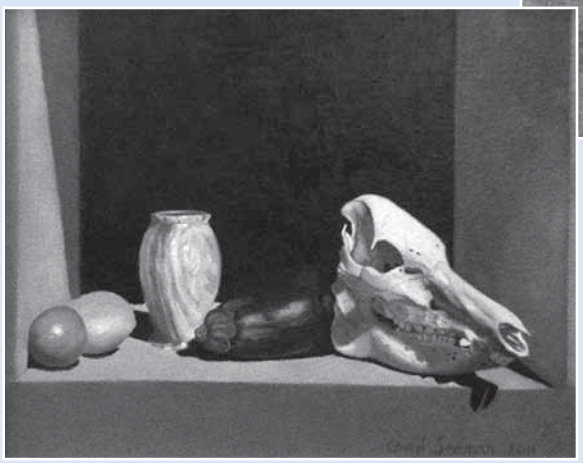
Linda Paglierani
"Flowers"

Valerie Laabs-Siemon
"Work in Progress"

The Psychoanalyst As Artist

Mali Mann
"Jewelry by Ray Raskin"

Richard Honig
"Geese and Pond"



Cheryl Seaman
"Still Life 2011"

Psychological Birth and Infant Development

Eva D. Papiasvili and Harold P. Blum

"…deep within me, although overlaid, there continues to live the happy child of Příbor…who received from this air, from this soil, the first indelible impressions…."

Letter from Sigmund Freud
to the Mayor of Příbor,
October 25, 1931

Embedded in the experience of Příbor's "air and soil," the symposium, jointly sponsored by the Margaret Mahler Psychiatric Foundation and the Sigmund Freud Archives, will integrate new data and contemporary psychoanalytic theory that expands and modifies Freud's early findings and reconstructions of the first three years of his life. This will serve as a springboard for general discussion on attachment, separation-individuation, and other aspects of infant development. Freud's early childhood in Příbor will serve as an inspiration for our contemporary dynamic and developmental thought. Symposium participants will have the unprecedented opportunity to convene with prominent international colleagues while experiencing firsthand the culture and locale that helped shape the man and his work: the founding and development of psychoanalysis.

The picturesque town of Příbor, located in the heart of the beautiful Valašsko area of Moravia, can now join Freud's celebrated homesteads in Vienna and London.

The symposium will begin on Sunday evening, Aug. 4, with a reception and cultural program that will introduce participants to the rich ethnic folk culture of Valašsko, which inspired the world renowned composer Leoš Janáček, born two years before Freud just three miles away in Hukvaldy.

A symposium in Sigmund Freud's birthplace, Příbor, Czech Republic, following the IPA Congress in Prague, August 2013

Sunday Evening, August 4, 2013
Welcome reception and cultural program

Monday, August 5, 2013
Full-day symposium

Monday, Aug. 5, the full day will be inaugurated by remarks from symposium chair, Harold Blum, executive director of the Sigmund Freud Archives at the Library of Congress; Stefano Bolognini, president of the International Psychoanalytic Association; Martin Mahler, president of the Czech Psychoanalytic Society; Norman Eisen, United States ambassador to the Czech Republic; and officials from the Czech Ministry of Culture and the Town of Příbor.

Václav Buriánek, Czech psychoanalyst and author of *Facts and Impressions: A Psychoanalyst's Guide to the Birthplace of Sigmund Freud* (currently unavailable in English), will present "Paradise Lost and Trauma Mastered: New Findings on Little Sigmund." Organizing Committee chair Eva D. Papiasvili, fluent in Czech and English, will introduce and moderate the discussion.

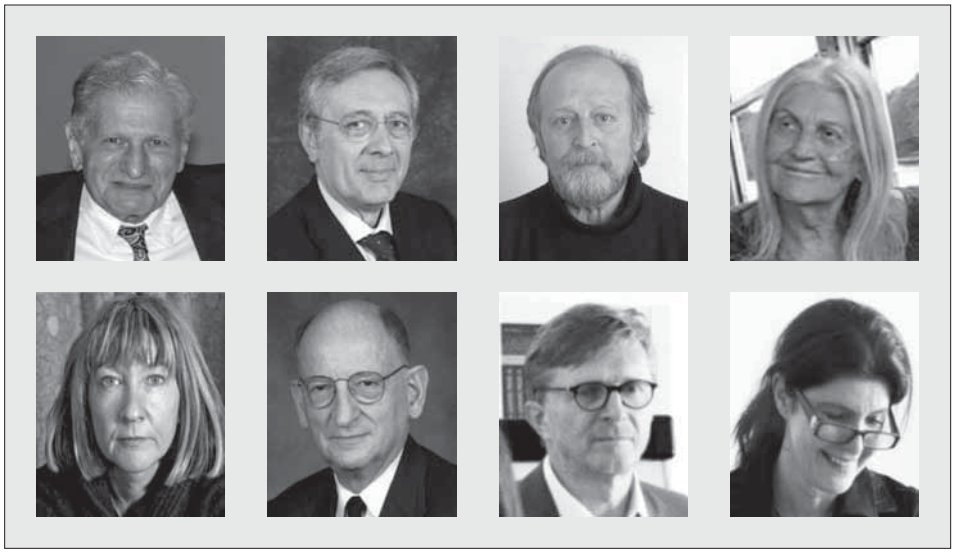
Later, Anni Bergman will elaborate on "Pre-oedipal dynamics of separation-individuation in light of contemporary attachment studies," followed by a discussion moderated by Linda Mayers.

Mahler and Papiasvili will present on "Multiculturalism, the Jewish Experience in Příbor, and the Birth of Psychoanalysis," providing cultural context for Sigmund Freud as individual and creative thinker.

"Early Object Relations and Mentalization," delivered by past IPA president, Otto Kernberg, will examine Freud's conceptual framework of pre-oedipal development in light of contemporary clinical and developmental theory of earliest mental processes. Blum will moderate the ensuing discussion.

After a luncheon of local specialties, Blum will present "Reconstructing Freud's Pioneering Reconstructions," modifying Freud's original formulations in the context of current psychoanalytic thought. Haydée Faimberg will moderate and discuss his talk.

Continued on page 19



International speakers and moderators will include Harold Blum (New York), Stefano Bolognini (Bologna), Václav Buriánek (Prague), Haydée Faimberg (Paris), Jane McAdam Freud (London), Otto Kernberg (New York), Martin Mahler (Prague), and Eva D. Papiasvili (New York).

Harold P. Blum, M.D., *is chair of the Symposium. HPBlum1@gmail.com*

Eva D. Papiasvili, Ph.D., ABPP, *is chair of the Organizing Committee. Eva.Papiasvili@gmail.com*

The newly restored Sigmund Freud House
Příbor, Czech Republic

The formal presentations will then give way to open discussion. Daria Colombo, Haydée Faimberg, Jane McAdam Freud, an artist and Sigmund Freud's great-granddaugher, Papiasvili, past president of the Czech Psychoanalytic Society Vendula Probstova, and Adele Tutter will join participants to explore themes like Art in the Life of Sigmund Freud; Multiculturalism and Multilingualism; and Reconstruction.

At the close of the symposium, Marie Šupová, president of the Příbor Sigmund Freud Society, will lead a private tour of the restored Sigmund Freud House, the Jewish Prayer House, and the Příbor town square, including the chapels young Sigmund frequented on Sundays with his nanny.

After the symposium, participants will be free to discover for themselves the many world-class historical and cultural attractions the region has to offer. One of several regional UNESCO World Heritage sites, the Archbishop's Château in Kroměříž boasts important canvases by Titian, Cranach, and Brueghel. Many will recognize the historic battlefield of Austerlitz at Slavkov. Thirty miles south of Příbor is the metropolis of Brno, home of Gregor Mendel's monastery, the birthplace of genetics. Maps and information of these sights and more will be provided.

Visit the symposium website for more information, a detailed program, accommodations, and more: www.freudsymposium.eventbrite.com.

On behalf of the symposium faculty and Organizing Committee (Martin Mahler, Linda Mayers, John Munder Ross, Marie Šupová, and Adele Tutter), we invite you to join us in Příbor! APsaA

Acknowledgement:

The authors wish to thank Adele Tutter, a member of the Organizing Committee, for her help with initial editing of the original materials used in this article.

BOPS Report

Continued from page 5

These functions should not be in a membership organization and the previous agreed upon structure to keep these separate no longer exists.

In January 2012, BOPS voted to externalize the Certification Examination Committee (CEC) and its research component, the Certification Advisory and Research Development Committee (CARD). The Task Force to Externalize Certification has begun to implement this decision and will be reporting on the status of this process at this Council meeting.

BOPS believes that it is equally advisable at this time to explore the feasibility of externalizing the accrediting/approving function of BOPS, now under the purview of the Committee on Institutes (COI), the Committee on New Training Facilities (CNTF), the Committee on Free Standing Institutes (CAFI), the Committee on Child and Adolescent Analysis (COCAA), and all other committees of BOPS which directly pertain to standard setting and oversight of our 31 psychoanalytic institutes.

It is our belief that separating these regulatory functions of BOPS from the membership organization bears the greatest promise of preventing major splits in the organization either through large numbers of members or institutes leaving the parent organization because of irreconcilable differences based on principles which cannot be compromised. Moreover, we believe that in doing so we would bring APsaA more in line with the structure of other health care professional organizations, strengthen our alliance with other psychoanalytic organizations, resolve the intrinsic conflict between our bylaws and New York non-profit corporate law, and, most importantly, allow APsaA members to work together for the good of the profession while also addressing individual concerns.

(Sections 2 and 4 of this report will be covered in an upcoming issue of *TAP*)

MOTIONS ADOPTED BY BOPS AFTER DISCUSSION OF THIS REPORT

Two of the four motions adopted by BOPS at the January congress were directly related to this BOPS Response to Council, but we will highlight only the first:

> This body (BOPS) requests Council to put a moratorium on its effort to establish educational standards and instead join BOPS in its effort to reorganize the entire governance of APsaA, the nature of this joint effort to be codetermined by BOPS and Council. This joint effort will aim to determine a clear and coherent delineation of authority and related delegation of functions in the organization in the determination of all policies—membership, education, and otherwise. In order for the proposed convention to work with maximum freedom consistent with APsaA's strategic plan, it is moved that there be a moratorium from all additional action and bylaw change proposals that relate to our organization's governance structure.

The Executive Council deferred a discussion of this BOPS Motion until late afternoon and instead discussed and voted on the Fishkin Proposal, which would replace the criteria and procedures for training analyst appointment as outlined in the Standards for Education and Training in Psychoanalysis adopted by BOPS in June 2012. The Fishkin Proposal was passed by Council. Subsequently, on February 6, 2013, a temporary restraining order was issued by the Supreme Court of New York that enjoins the Association from implementing the new criteria and from appointing training analysts using the new criteria. However, the Ad Hoc Committee created by the Executive Council can meet to develop its procedures. APsaA

From the Unconscious

poetry

Sheri Butler Hunt

These poems were inspired by psychoanalytic work with children. In writing the first poem, I had in the back of my mind the dreams that children tell, experiences children have when they are sick and must remain in bed, and the half-waking, half-sleeping hypnagogic experiences children sometimes report. There is an evanescent, now-you-see-them, now-you-don't quality, as if such dreams swim in a misty haze.

The second poem is for children who have found ever-creative and almost irresistible ways of getting under their parents' skins. Both poems are really to children and for children in a way, hence the playful structure.

I am hoping this column will inspire other child analysts to send their poetry in to *The American Psychoanalyst*'s poetry column because working with children can stir up such a rich tapestry of material in the poet's mind.

Sheri Butler Hunt, M.D., *is an adult training and consulting analyst and a child supervising analyst in the child division at the Seattle Psychoanalytic Society and Institute. A published poet and member of* TAP*'s editorial board, she welcomes readers' comments, suggestions, and poetry submissions at annseattle1@gmail.com.*

Moonboats

There are moonboats in the night
That circle the evening star,
And dragonflies made of light.
If you leave your door ajar

They'll fly so softly in
Between the horns of the moon
And leave their dust and butterfly rust
In the starlight striping your room.

Don't touch, don't move, don't breathe
Keep motionless in the night,
For these are living things
Your eyes have caught in flight.

Your eyes have seen their movement through
Your cool and quiet room
As the moonboats sail from a comet's trail
Sparks light up the gloom.

You must remember they can't be held
Or stopped or stayed on their way,
And no two are alike, you know,
And they can't be seen by day.

They come when they will (sometimes when you're ill,
Or lonely in your bed.) Spinning and sporting
You'd think they're cavorting
Right there, inside your head.

But they're real, you see, (between you and me,)
And if the moonboats land,
Like the evening star, wherever you are,
They're starlight in your hand.

My Way

You could live in a 'shroom
And there'd still be room
For a fish, a frog and a fly,

You could bring a small light
Paint the inside bright
But your parents would ask you WHY?!

YOU COULD LIVE WITH US
WHY MAKE THIS FUSS?
You shrug as your reply.

You say, "I don't know,"
And just watch them go!
While you smoothly roll your eyes.

You could move right in
To your mushroom skin
And watch the world go by.

Mother and Father
Would cause such a bother
But you? You'd never give in.

—Sheri Butler Hunt

Asperger's Syndrome and D.W. Winnicott's Theories of Development: Implications for Technique

Michael L. Krass

It is very difficult for the mothering object of the infant with Asperger's syndrome (AS) to be, in D.W. Winnicott's words, good enough. This is not, however, due to the mothering object's own psychological obstructions to sharing her devotion and unbridled wish to fill her child's belly and mind with the contents of herself. Rather the Asperger's infant's maternal environment fails to fulfill its role of encouraging psychic development because of the infant's neurological deficits.

The infant with AS is born with perceptual, sensory, and communication difficulties that impede his capacity to decode his mother's messages of nurturance, containment, and her eagerness to fill him with herself. The mother cannot sate his physical hunger and bridge the psycho-physiological rupture that takes place at birth, and surround him with the psychological sac of her own symbiotic wishes. Thus an Asperger's baby perceives the maternal holding environment his mother has created—even when she is doing her job well enough—as if it is filled with holes or gaps.

Winnicott famously said, "There is no such thing as an infant." He elaborated on this statement in a footnote in 1965 by writing, "Whenever one finds an infant one finds maternal care and without maternal care there would be no infant." Although Winnicott focused an analytic eye on the "real" qualities of the mother, it is also necessary to look at the infant's "real" contribution. One can expect individual differences among infants in two main variables: the infant's capacity to communicate his inner states and his capacity to receive his mother's communications.

Michael L. Krass, Ph.D., *is a member of the Contemporary Freudian Society, is in private practice in Falls Church, Virginia, and is a clinical assistant professor at the George Washington University. He presents regularly on Asperger's syndrome from a Winnicottian perspective.*

Michael L. Krass

In the case of AS, research suggests that the young Asberger child—and perhaps even the infant with AS—is neurologically impaired in his capacity to read faces, to detect subtlety in the timbre of the human voice, to be able to derive pleasure from prolonged skin-to-skin caressing, to be focused, above all other facial features, upon the other's eyes, and to be able to manage fluctuations of arousal triggered by stimulation from without and within. From this, we can assume that the infant with AS is hampered in his ability to take in the emotional nurturance and containment his mother gives to him.

Understanding AS through the lens of Winnicottian theories of psychic development has implications for the treatment of patients with AS. For example, with regard to the transference, it should be expected that the patient with AS might perceive the analyst as never being good enough, as being a part of the persecutory environment rather than as helping to protect from and to mediate it. This could take one of two forms with such patients: hostile and devaluing attack of the analyst or erasure of the analyst by creating around themselves a protective shell (to use Frances Tustin's phrase) of obsessive ruminations and perseverations.

TOLERATING A DEADLY TRANSFERENCE

I have found in my work with patients with AS a pattern of feeling oneself having been killed off and then fighting, with some degree of concerted force, to come back to life for oneself and, thus, for the patient. Along the lines Winnicott described in the infant's progression from relating to an object to using the object, the analyst may need to become dead (whether destroyed or deadened) and then, as Winnicott says, somewhat paradoxically, to survive having been killed off. To not tolerate this deadening transference is to spit it back at the patient, to resist the patient's attempt to bring the analyst into the patient's self and object world and thus to prevent the kind of regression necessary for analytic work to take place.

On the other hand, to never challenge this type of Aspergian transference is to perpetuate the AS patient's belief in the persecutory, malevolent, preoccupied, passive, withholding, and selfish coldness of his environment as well as of the highly destructive nature of his aggression. This perpetuation of the patient's perception of his environment as being chronically not good enough is likely to prevent the building or the breaking down of rigid defenses against the sensoria necessary for more realistically distinguishing helpful from hurtful aspects of his environment. Following along the same lines as those put forth by Anne Alvarez, the analyst must, after allowing herself to be made unreal and dead, make herself real and alive for the patient with AS. Otherwise, there is the risk of being turned into something like an inanimate figure, something that is useless yet poses no danger of impingement.

Many more patients who have been identified as having AS are coming into our offices. It is possible that many analysts are seeing some now who have yet to be correctly diagnosed. An appreciation for the intricate interplay of neurological and psychic development is necessary to provide analytic treatment that is attuned to the particular needs and conflicts that the patient with AS is likely to present. The theories of Winnicott are particularly well suited to understand this interplay and to provide a basis for working with patients with AS within a psychoanalytic framework.

Editor's Note: *For information on the sources for this article, contact the author at mlkrass@aol.com.*

Psychoanalytic Schools: A Piece of History Flourishing Today

Barbara Streeter

Barbara Streeter

The origins of the technique of treatment-via-the-parent practiced at the Hanna Perkins Preschool in Cleveland can be traced back to the work of child analysts in Europe during the Second World War. At the time, Anny Katan (Dr. Anny), a colleague and family friend of Anna Freud, was living in the Netherlands and was consulted by a mother who had gotten to her office first by walking, then taking a bus, a train, a streetcar, and then walking again. The mother was concerned because her four-year-old daughter had started to wet the bed after having been dry for two years. She proposed bringing her daughter to see Katan two times a week. Katan, thinking of the distance the child would have to travel, found herself saying, "Why don't you come to see me instead, and you and I will see what we can understand together."

The mother accepted this proposal and used Katan's help to go home and talk with her child. Through the work, the child was able to let her mother know of her observations of a neighbor boy urinating in the yard and her concern that she was not made right. She worried something was broken and that was why everything flowed out of her. The symptom stopped after this. "That was my first treatment via the mother," Katan said. "It was an easy one."

Barbara Streeter, LPCC, *is educational and therapeutic director of the Hanna Perkins School and current chair of faculty of the Hanna Perkins Center Training Program in Child Psychoanalysis.*

REACHING AS MANY CHILDREN AS POSSIBLE

When Katan founded the Hanna Perkins Preschool in 1951, she hoped the school would provide a setting within which the technique of providing treatment-via-the-mother for young children could be studied. She invited Erna Furman, Elizabeth Daunton, and other child analysts trained by Anna Freud to join her in the endeavor. In order to have more therapists available to carry on the work in the school, she also established a training program for non-medical child analysts. This eventually involved the development of a sliding-scale-fee child analytic clinic and the establishment of community outreach programs. The latter consisted of consultations to child care centers and courses for early childhood educators, which were informed by the work in the school and clinic.

It has been 61 years since the preschool was started and it still operates as it did at the outset, with the addition of a kindergarten and Parent/Toddler Program. Every parent who has a child in the school meets weekly with a child analyst. The child analyst also observes the child in the school and meets weekly with the child's teacher. In this way the teacher, parent, and therapist work as a team to support the child's ego, superego, and drive development.

In keeping with Katan's article, "On Verbalization," published in *Psychoanalytic Study of the Child* in 1961, there is a particular emphasis on helping children "move from bodily expression of feelings to mental recognition and verbalization of affect." The teachers remain educators, primarily supporting ego masteries, while the parents are the ones to address their children's inner feelings, confusions, and struggles. The child analyst works as a partner with both, bringing his or her metapsychological understanding to the collaborative efforts to understand the reasons for a child's particular challenges and symptoms. Weekly case seminars provide a forum for all therapists and teachers involved to consider the particulars of the work and study factors impacting the progress of each case.

The clinic is available to those children for whom the treatment of choice is an analysis. This is offered to some young children with severe and early disturbances and to kindergarten children who have internalized conflicts that are no longer accessible to treatment via the parent and interfere with progressive development.

ADDRESSING SEPARATION AND AFFECT TOLERANCE

Knowing full well what it takes for adult patients to manage separations from the analyst during breaks and vacations, I continue to feel privileged to work together with the Hanna Perkins teachers and parents around their efforts to assist three-year-old children master separation. With the understanding that the goal is to provide children the opportunity to choose school while still keeping Mommy in mind, an ability that requires working through of many associated feelings, parents remain available for as long as necessary, often six weeks or more. In helping children with the feelings that emerge, the teachers do not reassure the anxious child, scoop up the sobbing child, or placate the angry child.

Continued on page 31

MacArthur Genius with Schizophrenia Champions a Cause: Psychoanalysis

Richard Tuch

Elyn Saks, J.D., Ph.D., the University of Southern California (USC) law professor who became famous after publicly revealing the story of her life-long struggle with schizophrenia, continues to make news as she goes about allocating the $500,000 grant she was awarded when named a MacArthur Fellow.

Last month, Saks, in conjunction with her grant committee, awarded the first of a planned series of grants aimed at humanizing the treatment of schizophrenia by advancing the application of psychoanalysis to the psychotherapeutic treatment of individuals suffering with psychoses. "I'd been so helped by psychoanalysis myself," Saks said in an interview, "that I wanted to give back in whatever way I could."

Richard Tuch

all too often sideline those similarly afflicted. Her first analysis, with an English Kleinian analyst, lasted three years and was conducted on a five-day-a-week basis. After returning to the States, Saks continued her analysis with a more "classically-oriented" ego psychoanalyst and is presently in treatment with an analyst she refers to as "more mentalization-based." Fascinated and impressed with the power of psychoanalysis, Saks went on to study psychoanalysis at the New Center for Psychoanalysis (NCP) in Los Angeles, earning a research Ph.D. in psychoanalytic science in 2010.

Initially opposed to the idea of being medicated, Saks alternately elected to undergo psychoanalysis, which she credits with having helped her live a fruitful and productive life…

In her 2007 best-seller, *The Center Cannot Hold: My Journey Through Madness*, Saks exquisitely details what life had been like from the time she suffered the first of many psychotic breaks at the age of 21 while studying in a master's program in philosophy at Oxford. Initially opposed to the idea of being medicated, Saks alternately elected to undergo psychoanalysis, which she credits with having helped her live a fruitful and productive life in spite of the rigors of schizophrenia that

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REWARDED FOR HER COURAGE AND TALENT

While Saks struggled mightily with the question of whether to go public with her condition, she now feels that doing so was well worth the risk. Appearing in a number of nationally televised interviews has provided Saks a forum to educate the public about the plight of patients suffering from severe mental illness. Triumphing over the inherent indignity of involuntary psychiatric hospitalization and mechanical restraint, Saks has gone on to become a strong advocate for the humanization of the treatment of severe mental illness and the destigmatization of the plight of those like her who struggle with hallucinations and delusions that frighten and confuse the public.

Though she had already become an effective spokesperson for this largely disenfranchised group of patients with the publication of her book, *Refusing Care: Forced Treatment and the Rights of the Mentally Ill*, becoming a MacArthur Fellow furthered Saks's ability to make a difference in the lives of psychotic patients. Each year the John D. and Catherine T. MacArthur Foundation identifies 20-25 individuals working in a wide variety of fields who have demonstrated exceptional creativity and seem likely to continue to make significant contributions given their proven track record. MacArthur Fellows are each awarded $500,000 to do with as they please. When USC celebrated the announcement of her award, which is also referred to as "the genius grant" given the intellectual caliber of those chosen to receive the honor, Saks was given a T-shirt showing her face aside that of Albert Einstein beneath which was written: "Only one is a certified genius." Without missing a beat, Saks quickly quipped: "I've been certified many times in the past but never in quite this way."

GRANT MONEY FOR PSYCHOANALYTIC CANDIDATES

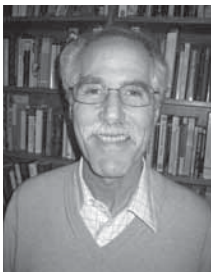
Flush with grant funds, Saks went to work deciding how best to use the money. Having trained at NCP, Saks decided to award grants to clinicians in psychoanalytic training at NCP who demonstrate an active interest in treating patients suffering with psychosis. Last December, the first of five Saks Scholarship grants was awarded to psychologist Jill Lummus, a fifth-year clinical associate whose practice is largely focused on treating this particular population of patients. Lummus, who grew up around family members with severe mental illness, had became comfortable with the manifestations of psychosis, which gave her the personal comfort and grounding needed to treat those who suffer with psychosis. The grant comes with the stipulation that recipients educate other clinicians by publishing papers or lecturing on the subject.

Continued on page 28

Impasses and Failures in Analysis

Judy L. Kantrowitz and Steven H. Goldberg

Judy L. Kantrowitz



Steven H. Goldberg

Now seven years into its work, our Committee on Psychoanalytic Education (COPE) Study Group on Impasses and Failures in Analysis has stayed true to its original purpose and yet has evolved in a direction that we could not have predicted. *[See "Impasses and Failures in Analysis," TAP 45/2, page 25.]* From its early discussions of impasses and failures in both analysis and supervision, the group has recently narrowed its focus to impasses in supervision, with a special interest in those supervisory impasses in which the difficulties can be seen to involve not only patient, analyst, and supervisor, but also contributions from the institutional setting in which the treatment and the supervision are taking place.

A brief review of the evolution of our COPE group will provide a contextual frame for our current focus and thinking. Initially the group worked in conjunction with an APsaA discussion group of the same title, which we initiated alongside of the COPE study group. Members of the COPE group were encouraged to attend the Thursday discussion group, and at our Friday COPE meetings we would spend time further discussing the case presented the previous day. We also heard and discussed, in our smaller COPE group, cases of clinical and supervisory impasses presented by members of the COPE group. In these early discussions, we were (and still are) particularly interested in studying the impact of impasses on candidates and recent graduates and in helping them better understand and integrate those experiences.

In the Thursday discussion group, the focus was on the patient-analyst impasse, but what frequently emerged in the cases we heard was an analyst-supervisor difficulty that seemed to be contributing to the impasse. This was surprising both to the presenter and initially to us in the COPE study group. In these cases, the problematic aspects of the supervision had been insufficiently noted, understood, or dealt with. For understandable reasons of privacy, the presenters were often reticent to delve too deeply into supervisory difficulties in the larger open discussion group; therefore further discussions with the presenter were conducted privately at our Friday COPE group meeting. These meetings resulted in a deepening of our appreciation of the kinds of supervisory difficulties involved in impasses and failures and raised many questions for further exploration.

SUPERVISORY TRIAD BECOMES A QUARTET

Over time, we became increasingly interested in the role of the supervision and of supervisory impasse in the cases of analytic impasse and failure that we were hearing. In studying additional material presented in the privacy of the COPE group, we further began to notice that the difficulties we were hearing often went beyond the supervision itself to involve problems in the larger analytic community. These have involved such circumstances as sexual and nonsexual boundary violations, and competition and power struggles between supervisors or between supervisor and analyst. While the literature makes frequent reference to the supervisory triad of patient, analyst, and supervisor, our work most recently has focused on a "supervisory quartet" in which considerations of institutional politics and/or boundary violations constitute an important dimension. In these cases, the role of each component of the quartet cannot be adequately understood without considering the role of each additional component.

> …the group has recently narrowed its focus to impasses in supervision, with a special interest in those supervisory impasses in which the difficulties can be seen to involve not only patient, analyst, and supervisor, but also contributions from the institutional setting…

Of particular interest to us has been the observation that it was only in the course of further small group discussions that the extent to which the institutional or community

Continued on page 28

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COPE study group members include: Judy Kantrowitz and Steven Goldberg, co-chairs; Margaret Crastnopol, Gerald Fogel, Fred Griffin, Lucy LaFarge (inactive), Carlyle Perlman, Sid Phillips, Ann Radovsky, and Brian Robertson.

Boundary Violations by Third Parties

Private Practice and Devolution of Consent

Graham L. Spruiell

Medicare, managed care, HIPAA, and the implementation of the Affordable Care Act (ACA) infringe upon the clinician-patient relationship and endanger private contracting, the cornerstone of private practice. Single-payer proponents advocate that private contracting and fee-for-service arrangements contribute to "cherry picking" of patients and would create a two-tier health care system. They argue health care services should be folded under one roof to contain costs and standardize treatment. This dim view of private contracting was enshrined in the Clinton health care plan and Kennedy-Kassebaum bill, precursors of the ACA; both plans contained language that infringes upon private contracting. Infringements upon the clinician-patient relationship and the unraveling of confidentiality by third parties have resulted in a heightened interest in private practice among psychoanalysts, many of whom enjoy the freedoms and benefits of private practice but also have supported the ACA.

Graham L. Spruiell

The *2011 Psychoanalytic Professional Activities Benchmarking Study* showed that the majority of psychoanalysts enjoy private practice. Interestingly and despite pressure upon private contracting, analysts estimated that among adult analytic cases, 71 percent were paid entirely by private pay, 32 percent by partly private pay, 16 percent by indemnity insurance, 9 percent by managed care, and 4 percent by Medicare/Medicaid/Champus. Among child analytic cases, 35 percent were paid through private pay, 47 percent by partly private pay, 19 percent by indemnity insurance, and only 2 percent by managed care. In terms of job satisfaction, an astonishing 98 percent of psychoanalysts said that they were either "very satisfied" or "satisfied" in their life's work.

> Infringements upon the clinician-patient relationship and the unraveling of confidentiality by third parties have resulted in a heightened interest in private practice among psychoanalysts, many of whom enjoy the freedoms and benefits but also have supported the ACA.

A majority of analysts are accustomed to establishing their own fees, formulating and implementing their own treatments, and safeguarding confidentiality without outside interference. The private practice model has no doubt contributed to members' job satisfaction. In the previous issue of *TAP* (46/4), Marvin Margolis discussed boundary violations that occur when a patient's boundary is violated by an unethical analyst. But just as a patient's boundary can be violated, so too can the "clinician-patient boundary" by a third party.

MEDICARE

A significant moment in the unraveling of the clinician-patient relationship occurred when physicians were automatically "enrolled" into Medicare. Although Medicare was touted as being voluntary, Medicare requires that physicians actively opt-out if they no longer want to be a Medicare provider. This arrangement redefines consent, because the physician never opted-in in the first place. Opting-out of Medicare means that a physician can no longer be reimbursed for Medicare patients treated in a hospital or clinic. For this reason, most physicians do not opt-out of Medicare.

If a Medicare patient requests a private contract with a physician outside of the Medicare system, a physician may request an Advanced Beneficiary Notice to notify Medicare of this arrangement. The physician however must not charge the patient more than what Medicare pays or balance bill, and agrees to refrain from billing Medicare for any patient for a period of two years after this notification.

Although there may be more work opportunities as a Medicare provider, another drawback is that if the provider has a private practice, the practice becomes subject to audits. In an audit, Medicare reviews records of Medicare patients, but also reviews non-Medicare (private contracting or otherwise insured) patients to ensure that the quality of care is comparable. Charts of non-Medicare patients can be reviewed even if a private contracting patient has not consented to such disclosure. Beyond audits and Medicare fraud, Medicare providers must disclose confidential information of individual patients in order to be reimbursed.

Continued on page 26

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Boundary Violations

Continued from page 25

As much as Medicare limits the rights of physicians, the Medicare-eligible patient gives up even greater freedoms. It is an undue burden on a Medicare patient to be forced to participate in a complicated bureaucratic process to enter into a private contract with a physician. Simply being 65 years old permits Medicare to infringe upon an elder's right to contract privately for health care and to be assured of confidentiality.

MANAGED CARE

Managed care, like Medicare, has also impacted the private contracting boundary. While it is not necessary to go through a complicated Medicare opt-out process, managed care sets reimbursement rates. Patients sign a waiver relinquishing confidentiality in order to receive coverage. Additionally, managed care infringes upon the clinician-patient relationship by making de facto treatment decisions that are designed to cut costs by denying access to treatment. In denying access, managed care plans remain solvent. The contrast between managed care and private contracting could not be sharper; in private contracting, treatment decisions and the fee are left entirely to the private negotiation of the clinician and patient.

The Professional Activities Study analysts estimated a 76 percent majority of psychoanalysts did not participate in a managed care organization, while 24 percent did participate. An even larger percentage (82 percent) were not willing to *serve* on a health insurance panel, which suggests widespread antipathy towards the managed care model. This antipathy is understandable, because psychoanalysts have long understood that managed care is incompatible with confidentiality and the boundaries necessary for optimal psychoanalytic practice.

HIPAA

State licensing boards are beginning to require participation and competency in the electronic health record (EHR) as a licensure requirement. Additionally there are financial incentives to bill electronically. The moment a clinician transmits clinical data over the EHR, bills electronically, or is associated with an entity who does the same, that clinician will also be considered a covered entity under HIPAA and will have all the legal obligations of covered entities.

The Professional Activities Study showed that 42 percent of psychoanalysts were HIPAA compliant and 37 percent were not covered by HIPPA, while 20 percent were unsure. Many psychoanalysts, who do business with covered entities such as hospitals and clinics, may not realize that they have already met the threshold to be considered covered entities.

AFFORDABLE CARE ACT

The Affordable Care Act is a work in progress that should not be judged prematurely. But some might say that it takes the worst of Medicare, (bureaucracy, regulations, audits, loss of confidentiality, and possible prosecution) and marries those qualities with managed care systems that are designed for efficiency and cost reduction. This sad union recalls John F. Kennedy's description of the city of Washington, D.C., "a city of Southern efficiency and Northern charm."

The EHR is a central component of the ACA. Clinicians (providers) are assigned a national provider identifier (NPI), a unique number for every provider. Originally having an NPI was to be voluntary, but it is now a requirement for credentialing in hospitals. Insurers and state boards also require the NPI. Patients (consumers) will have a similar unique number in order to receive their benefits through the ACA; so both clinicians and patients will have a unique identifier that can be correlated. These identifiers are linked in the EHR, which is used to analyze health care delivery in terms of outcome and costs.

While increasing the number of patients covered by the ACA by 30 to 34 million, Medicare costs need to be reduced by $750 billion in order to keep the ACA cost neutral. Originally the administration claimed that the EHR itself would yield savings, which no longer appears plausible. Additionally, estimates for the total cost of the ACA continue to rise. Over the next 10 years the CBO recently estimated that the cost of the ACA would be $1.3 trillion. A more likely scenario is that reimbursement rates and access to treatment will decrease.

Whether or not our members support the ACA, there is little doubt that the Affordable Care Act breaches the boundaries of the clinician-patient relationship. If patients use their ACA benefits, personal health information will not be confidential and will be disclosed according to HIPAA rules for a variety of purposes without their consent. If a patient chooses to forgo ACA benefits and pays for treatment out of pocket, and a clinician agrees to work with the patient under those circumstances, then such a treatment is currently permitted under ACA. There is nothing specifically in the ACA that prohibits a psychoanalyst and a patient from working outside of the ACA system; however, this could change if Medicare "you're in or you're out" policy is applied to the ACA, or if we begin moving towards a single-payer system.

Besides infringing upon the clinician-patient relationship, Medicare regulations, managed care, HIPAA, and implementation of the ACA have a common thread: They were all initially promoted to clinicians and patients as being voluntary, i.e., requiring their consent; but in reality they are all involuntary and devolve consent.

Ideally, Medicare and the ACA would shift their policies back in the direction of a patient-centered health care system, away from a bureaucracy-centered health care system. As Ben Carson, director of pediatric neurosurgery at Johns Hopkins Hospital, recommended in a recent National Prayer Breakfast hosted by President Obama, the money currently spent on the health care bureaucracy could be better used to fund an individual medical savings account for every citizen.

Continued on page 27

With such a shift in the health care paradigm, divisive controversies over establishing fees, oversight of treatment, and confidentiality would dissipate. Unfortunately, there is little evidence that such an approach has support. It is therefore not surprising that private contracting is increasingly being seen as the only available way to preserve ethical principles of confidentiality and oversight over treatment.

Unless fundamental change is the aim, the remedy for a boundary violation is redrawing the boundary. We are limited as individual psychoanalysts in how we can defend our patients and ourselves against boundary violations by third parties, but as an Association it is possible to have an impact. This is especially important when it comes to being a covered entity under HIPAA, because a significant percentage of our members are covered entities.

CGRI's counsel, James Pyles, has clarified an important boundary of private practice by successfully lobbying for the inclusion of the following language in the HIPAA Omnibus Rule, "Final Rule," that was issued on January 17, 2013, and is in effect as of March 26: *"the right of the individual to restrict disclosures of protected health information to a health plan with respect to health care for which the individual has paid out of pocket in full."*

This simple, declarative phrase is a victory for private practice. It affirms that psychoanalysts and other clinicians, who are covered entities, have the right to provide confidentiality to patients who pay privately. Further, it recognizes that some patients realize that the only way to ensure full confidentiality is to pay privately. As a result of the inclusion of this phrase, covered entities will now be able to treat private pay patients outside of the health care system without violating their obligations to HIPAA, and without undermining their patients' confidentiality. Falling short of a full remedy, having this language included in the Final Rule will serve as an important step towards ensuring that private practice survives the coming transformation of health care. APSAA

MacArthur Genius

Continued from page 23

Beyond granting scholarship funds to NCP trainees, Saks earmarked some of the MacArthur funds to establish the Saks Institute for Mental Health, Law, Policy, and Ethics at USC, which is dedicated to improving the lives of those suffering with psychosis. April 11-12, the institute will hold a conference in Los Angeles focused on the criminalization of mental illness. Psychiatric patients increasingly end up incarcerated, which Saks calls "a national scandal and tragedy," noting that the Los Angeles County Jail and Riker's Island in New York City have become two of our country's largest psychiatric facilities. Saks has also begun to study the lives of individuals who, like her, go on to become remarkably accomplished and remain highly productive in spite of the fact that they grapple with hallucinations and delusions on a daily basis.

MEDICATION SUPPLEMENTS PSYCHOANALYSIS

In an era when the pharmacologic approach to schizophrenia predominates, it is heartening to hear that efforts are being made to advance the application of psychoanalytic principles to the treatment of these conditions. In spite of the pharmacologic advances made in the treatment of schizophrenia, many of those suffering from this illness remain quite disabled. Though she had initially refused to take medication, Saks ultimately agreed to permit her doctors to pharmacologically supplement her ongoing psychoanalytic treatment. Medication has made it easier for her to cope with hallucinations and delusions, admits Saks, but she remains steadfast in her belief that psychoanalytic treatment has made a world of difference helping her live without becoming dragged down into the mire of potentially derailing thoughts and the disquieting noise of the voices within.

Colleagues at NCP routinely comment not only on the warmth of her personality but also on her substantial intellect. Saks graduated summa cum laude from Vanderbilt University, where she was class valedictorian. She studied philosophy at Oxford University as a Marshall Scholar, then went on to receive her J.D. from Yale University.

While she does not evidence the common and obvious outward signs of schizophrenia, such as flat affect, bizarre behavior, interpersonal disengagement, and a preoccupation with distracting internally generated stimuli, Saks nevertheless found herself ostracized when certain of her friends learned of her condition. "Society always marginalizes people who are different," Saks notes, adding that certain of her friends looked confused, even scared when she told them about her illness. "I lost some friends, which was quite painful," admits Saks. "As a result, I understand firsthand the effect stigma can have. Stigma is out there and it makes people feel damaged, lesser. It encourages people to remain in the closet and, worst of all, deters them from accepting their illness and getting the help they desperately need."

When it comes to enlightenment, the history of public attitudes toward mental illness has been one of two steps forward and one step back. A deranged mind has a way of playing havoc with the public's sense of safety and security. Someone running amok, as happened recently with the senseless massacre of young, innocent children and adults, is a tragedy on many fronts—particularly when the perpetrator is identified as a person suffering from mental illness. In its wake, the subtle backlash of fear threatens to again render the mentally ill as victims. Against this backdrop, the triumphant narrative of Saks's life is an inspiration as well as a testament to the positive and constructive attempts at restitution, making her evolving story worth retelling.

Elyn Saks

Impasses and Failures

Continued from page 24

context was contributing to the supervisory impasse became clear. We hope, and have certainly come to believe, that the experience of telling, thinking about, and, in some instances, writing about their experiences has served a healing function for our presenter colleagues. In addition, we have realized that these discussions have broadened our own understanding of the complexity and multiple contributing factors in situations of clinical impasses. This understanding is now something that we bring to our discussions in the Thursday open discussion group.

We are currently collecting a series of anonymously written accounts of supervisory impasses that colleagues have presented to our COPE study group over the past several years. We expect these to be published along with framing chapters and discussions that we and others in the study group will contribute. This is a work in progress, and our group continues to meet with colleagues who are willing to share their experiences with us and help us further develop and refine our ideas.

At this point in our history, the COPE group is still going strong. Membership has been stable, except for one move to inactive status (Lucy LaFarge) and one addition to the group (Ann Radovsky). We plan to spend the next several meetings hearing and collecting further information on supervisory impasses, and in preparing our written collection and commentaries. We are grateful to colleagues who have presented their work and their experiences to us in both the Thursday and the Friday groups, some of whom will be writing chapters anonymously for our collection. We are glad to hear from colleagues who are interested in presenting in either setting.

A Psychoanalyst Reflects on *Django Unchained*

Henry J. Friedman

Henry J. Friedman

When I first heard Spike Lee's insistence that he would not go to see Quentin Tarantino's new movie, *Django Unchained*, because the persistent, repetitive use of the N word was disrespectful of his ancestors, I was inclined to feel that he was being precious and hypersensitive to a word. After all, the film is supposed to be about slavery in a period before the Civil War; who among us knows exactly what words were used in that period particularly in the slave owning South?

After seeing the movie I can only envy Spike Lee for his not having to see the tasteless, repellent, exploitative film that I had the misfortune to sit through. Old Spike will not be exposed to the N word expressed by actors white and black, male and female, in fact by everyone in this despicable film that is a discredit to its director and writer not because of words alone, bad as the frequency of the N word really is, but because it is a shoot them up, revenge comedy that makes use of the visual presentation of the brutality of slavery to make the audience laugh and feel satisfied by the shoot them up mayhem of the ending where all the bad guys are gunned down by the revenge seeking Django.

The audience is drawn into the slaughter of all the bad slave owners and their henchmen, leaving the killing of the most reprehensible character in the movie, Stephen the black house manager, to the last, making it the most earned and delicious killing for the audience to savor. Samuel Jackson's portrayal of Stephen is as shocking as anything I can imagine, leaving this formidable actor to play a role equivalent to finding a Jewish actor to portray a Nazi identified Jew who is intent on joining in the persecution of the Jews.

The final scene of Django and Hilly (his wife) leaving the burning plantation, looking great on two gorgeous horses is more suitable for a Frank Capra movie than for this supposed study of the brutality of slavery and the triumph of one black slave.

ROLE OF FILM VIOLENCE

I had seen *Inglorious Bastards* and remember that I felt making a revenge comedy about a group of individuals taking the Nazis and Hitler out in one big and glorious explosion was in questionable taste. But this was nothing compared to what I saw on the screen in *Django*. In that first, unfortunate film we were not subjected to seeing Jews murdered or tortured by the Nazis, we were shown a few Jews executed by the same actor who plays a good guy in Django, but this cannot be compared to the use of slavery as the basis for mayhem, buddy fun, and unending violence.

I never object to violence in films because it is always make believe and not to be taken seriously, but slavery is not something that really is the basis of fun and should not bring laughter or a sense of elation to a film audience. Tarantino may be the most tasteless filmmaker of the recent decades. *Django* exceeds my limit for vulgarity as entertainment. As a director and writer Tarantino has proven his capacity for total tastelessness.

Spike Lee is taking a good deal of criticism from the media, from Sarah Silverman, and many others for objecting to this film without having seen it, but if he had seen it he would have even greater reason for claiming that it was disrespectful to his ancestors. Who it really is disrespectful to is the audience. Tarantino seduces them, particularly the younger adults in the audience, to laugh at his exaggerated version of the South and the cruel nature of slavery. By making every slave owner hateful and sadistic, Tarantino belittles the legitimate injustice of slavery, even in the hands of more humane slave owners. His cartoon version of history does violence to the audience's capacity for decency in objecting to slavery in whatever form it has existed.

Perhaps it would be better if Spike Lee had seen the film and used his capacity for visual language to denounce what he had seen in a form that exceeds what I can express about its unending offensiveness.

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Maurice and Max

Continued from page 1

When an older boy throws himself playfully on top of the igloo, collapsing it, Max dissolves into tears. He's small again, and his rebuilt home, broken. He looks to his sister to help him, but she chooses the teenage boy. Turning passive to active, Max runs to her bedroom, jumps on her bed the way the boy jumped on his igloo and then breaks the popsicle stick heart that he had made for her at a more tender time. He puts himself in charge of the breaking and the betrayal.

Maurice Sendak was stricken with multiple illnesses as a child. Like Max, he was surrounded by women, particularly his mother and sister, Natalie, who watched over him (much the way we see Max longing for his sister and mother to help him feel better). Sick children often feel helpless in the face of illnesses and procedures, and Sendak was lonely and too often separated from friends.

He dared not complain because nothing compared to the suffering children of the Holocaust, whom his parents would remind him of on a regular basis. His family was there, but they could not make him better. With the worry of the constantly-ill Maurice at the front of her mind, his grandmother would dress him all in white in hope, as Sendak explains, "the angel of death would pass over [him]." Sendak learned that it would take magic to survive.

A MOTHER WHO COULD USE A STORY

Max, like Sendak, retreats to his bed, holding a small sailboat that he manipulates through the sea of blankets. His gaze lands on a globe next to his bed with an engraved plaque that reads, "To Max—Owner of This World—Love, Dad." His isolation is interrupted by his mother who is attuned to his sadness as he tells her about the broken igloo and peripherally about his broken heart and the one he broke in his sister's room. We see him regress as he lies on the floor as his mother works, looking up at her as he likely did as a smaller child. She tells him that she could use a story and proceeds to type the story he invents, which is a fantasy replete

Mother and daughter,
Noreen and Lauren Honeycutt

with vampires, the biting off of buildings, and teeth that fall out. His father dubs him "Owner of This World," and he gets his mother but then regresses and exposes his castration fears through his story.

Storytelling was always a part of Sendak's life. As a child, when he was not telling his own stories to his neighbors, he listened to his father's tales, which were often a mix of fiction and nonfiction. The true parts of stories involved the suffering of Sendak's extended family left behind in Poland and their tortured existence during the Holocaust. Much like Max, he feels burdened by the dramas of the adults around him. Sendak's father entrusted his son with a level of maturity beyond his years, relaying stories that included themes that were too dangerous and guilt inducing for his young age. These stories, like most traumatic material, led Sendak to write in a more truthful manner, as he believed that no one should lie to children. Here again, he turned passive to active.

I COULD EAT YOU UP

The frightening stories of Sendak's past and sense of impermanence are reflected in the film as Max's teacher lectures about the sun (son?) being both the center of the universe and destined to die. Here again, something Max has counted on as a given is threatened. Moreover, his oedipal fears are stimulated, for just as he becomes the "man of the house," the "Owner of This World," and the "center of the universe," he unconsciously feels threatened with death.

He quickly returns home and turns passive to active by building a fort and putting himself in charge of the sun, turning the light on and off and back on again. He calls for his mother to join him in the fort, to rescue her from the impending doom. She chooses to stay downstairs with the new man in her life. Cloaked in his wolf outfit, Max is emotionally overwhelmed with rage, fear, and competitive feelings, causing him to scream, climb on the kitchen island, and bite his mother, threatening to "eat her up." Feeling helpless in the wake of his father's leaving, Max turns passive to active by leaving himself—running away from home, away from his scary impulses, and sails to the land of the Wild Things.

The Wild Things in Sendak's books are caricatures of his Polish relatives, gruesome in demeanor and reminding him of the family members who perished in the Holocaust. They would hug Sendak and his siblings fiercely and profess their love by exclaiming, "I could eat you up!" This disconcerting, cannibalistic threat was internalized, emerging later as the most memorable phrase of his fictional *Wild Things*: "We'll eat you up! We love you so!"

The film audience follows Max and the "day residue" into what appears to be a dream—a dream every analyst would love. Max's internal state is depicted in the stormy seas that he sails through to arrive at an island where he watches a large, male monster named Carol throw a temper tantrum to his Wild Thing family, much like the one Max just had himself. Carol yells, "Nobody cares. I'm the only one that cares that we don't stay together."

Max imbues each Wild Thing with aspects of himself, giving the viewer a peek into his conflicted internal world. There is Alexander that no one listens to; KW, the mother figure that does not know whether to stay with Carol or to separate; Ira, who desperately wants to please the one he loves; and Judy, who is certain that everyone is against her. In spite of their threats to eat him, Max declares himself king of their Wild Thing kingdom. Rescue fantasy mobilized, Max sets out to make it all okay through action and doing and undoing.

Continued on page 31

In this "wild" dream, he is most identified with Carol who, like Max, wants to believe that the Wild Things can be one big happy family, that they can always sleep in a pile, that he can create a world where all the things you want can happen. Like Max, he is threatened by change, rejects KW's new "friends," and spends a lot of time breaking and rebuilding homes. Like Max, he is deeply wounded and disillusioned when he realizes that he cannot fight the tide of growing up and cannot be bigger or more powerful than he is. Through his reign as king, we gain insight into Max's fantasies: that he caused his father to leave through his "badness," that if he tries, they can be one big happy family again, that if he can build a strong enough kingdom, he can insure foreverness, and that, most importantly, big people in charge can make it right again.

In the end we see Carol clinging to hope and Max sailing off, knowing that sometimes separation is the right thing. They howl together, harmonizing in mourning and resolution. Max leaves the island after realizing that the Wild Things need a mother.

Through the stories of Max and his Wild Things, Sendak works through his own early helplessness and survivor guilt. He could not reverse his family's tragic history, but strived to keep his immediate family unburdened and intact, and then extended that to a world of families through his writing.

Max's ego is challenged beyond its capacity when his family life crumbles, leaving him in the too weak and too powerful position. Through turning passive to active and the transformative relationships with the conflicted Wild Things, Max is able to make room for his wishes, losses, and the limits of his power. He is able to return to his home where his dinner is waiting. Max reunites with his mother, eating with her, rather than eating her up.

Psychoanalytic Schools

Continued from page 22

Instead, they empathically label a child's feelings, let the child know that "it's just a feeling," and that "soon it won't feel so hard." They then assist the child in finding ways to cope with the feelings, early on by sharing them with Mommy in the waiting room and later through a phone call, holding Mommy's picture, or writing a note. The confidence the child exhibits at the other end of the process is remarkable, a sign that he or she has mastered an emotional skill that will carry the child through life.

FROM OHIO TO MICHIGAN, NORTH CAROLINA, AND TEXAS

In the mid 1980s Robert Furman, then the executive director of Hanna Perkins, initiated the annual Hanna Perkins Symposium and Forum in response to a number of child analysts' expressed interest in learning about the school. Some of the child analysts who attended the meetings went on to form their own psychoanalytic schools in their respective communities. This includes the Allen Creek School in Ann Arbor, the Lucy Daniels School in Cary, North Carolina, and the New School on the Heights in Houston. Each school has its own character and approach, ranging from one serving typically developing preschoolers to one for very troubled school-agers and adolescents. The founders of these schools, Jack and Kerry Novick, Donald Rosenblitt, Arthur Farley, and Diane Manning, eventually collaborated with Denia Barrett and Thomas Barrett, Robert Furman's successor, to form the Alliance for Psychoanalytic Schools (APS).

APS is currently a group of 11 member schools and additional individuals interested in the interface of psychoanalysis and education. It was organized to provide support to existing psychoanalytic schools and those in various stages of development. One of its goals is to disseminate psychoanalytic ideas and demonstrate the practical applications of psychoanalytic principles. These principles can be described in a variety of ways, but, in general, they have to do with respect for the inner life of children, respect for the role that parents play in their children's development, an understanding of mastery as it applies to ego and super-ego development and affect tolerance, and the importance of assisting with drive development.

The school directors and involved analysts have produced many publications for both professional and lay audiences. Two of the more recent are Jack and Kerry Novick's book, *Emotional Muscle: Strong Parents, Strong Children*, and Ivan Sherick's *Introduction to Child, Adolescent, and Adult Development: A Psychoanalytic Perspective for Students and Professionals*. APS hosts an annual conference; the most recent one occurred as part of Hanna Perkins's 60th anniversary celebration.

Among the reminiscences shared at the 60th anniversary were the following comments from a graduate of the Hanna Perkins Preschool Class of 1959:

> As a four year old, there were a lot of places I found myself where I didn't know what was going on, but Hanna Perkins was definitely not that kind of place. It made sense to me. I felt taken seriously, trusted, and comfortable and I've taken that with me for the rest of my life. When I was looking for a preschool for my son, I noticed friends who were attracted to dynamic, charismatic teachers. I wasn't. I wanted my son to have a teacher who would pay attention to where he was at, someone who would grant him his inner life and uniqueness, someone who would give him an experience similar to the one I had at Hanna Perkins.

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